

2018 Annual Report on Homelessness

Prepared by:

Maryland Interagency Council on Homelessness

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Executive Summary

In accordance with Housing and Community Development Article § 4-2101, the Interagency Council on Homelessness (ICH), staffed by the Department of Housing and Community Development (DHCD), develops the Annual Report on Homelessness. This report outlines the work of the ICH and its affiliated State agencies, trends in homelessness, and policy recommendations to the Joint Legislative Committee on Ending Homelessness. The Annual Report is a product of the ICH and not of the Department of Housing and Community Development.

The General Assembly established the ICH during the 2014 session to examine statewide initiatives aimed at ending homelessness throughout the State of Maryland. The ICH brings together state agencies and homeless service providers and advocates to coordinate policies and programs, improve data collection statewide, develop strategies to increase the availability of affordable housing, and reduce barriers to accessing services. This report highlights the most notable accomplishments made by the ICH and partner agencies during the latter half of 2017 and 2018. The most notable accomplishments include:

- ❖ The Governor signed the Ending Youth Homelessness Act, which established a grant program focused on supporting the work of homeless youth serving providers.¹
- ❖ The Health and Homelessness work group completed a respite care toolkit for statewide providers and began surveying staff of state jails to learn how inmate release to homelessness can be prevented.
- ❖ Received an in-depth assessment of Continuum of Care (CoC) leads to learn how consumers of homeless service providers can be better engaged in policy making work statewide.
- ❖ The Department of Housing and Community Development (DHCD) successfully combined six state and federally funded homeless service grants in the Homelessness Solutions Program (HSP). The Department awarded \$9.1 million in funding to the sixteen CoCs.
- ❖ DHCD and funded CoC's worked together to consolidate data from 16 different Homeless Management Information Systems (HMIS) into one consolidated state data warehouse.
- ❖ DHCD and partner CoC providers expanded the statewide Youth REACH Count to 19 jurisdictions. Maryland Youth REACH is a count of homeless and unaccompanied youth, under the age of 25.
- ❖ DHCD funded an initial homeless outreach pilot at BWI airport to assess the needs of those staying overnight at the airport. Maryland's Department of Transportation (MDOT) is considering ways to grow the pilot in the next year.

In 2018, the Point in Time (PIT) count estimated 6,576 persons experiencing homelessness in Maryland and the annual total² from homeless services providers is 31,318. An estimate of the number of homeless encampments statewide is included in the report to provide additional context to Maryland's unsheltered homeless population.

The ICH has made extensive progress toward the six goals of the Homeless Services Framework, developed to provide a clear roadmap of objectives, strategies, stakeholders, and timelines necessary to assist the homeless and those at risk of becoming homeless in attaining self-sufficiency and preventing their return to homelessness. A complete update on each goal is included in the Appendix of this report.

¹ The bill was passed but did not receive additional funding. Advocacy groups will be pursuing full funding of the bill during the 2019 legislative session.

² The annual number represents any person during the fiscal year 2017, that received emergency shelter or prevention services, outreach support, or was homeless and was placed into permanent housing during the fiscal year. The ICH began collecting this number in 2015 dating back to 2013.

The Counted Homeless In Maryland, 2018

Statewide Homeless Data Collected in 2018

365

Annual Data

Annual data represents total served through homeless outreach, prevention, emergency shelter, transitional housing, or placed into permanent housing between July 1, 2017 and June 30, 2018.



Point-in-Time (PIT) Data

A "snapshot" count of those experiencing homelessness on one night during the last two weeks of January. HUD requires a shelter and unsheltered count on odd years only.

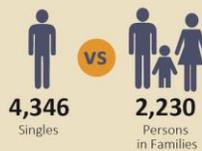
THE COUNTED HOMELESS IN MARYLAND, 2017



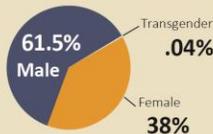
Homeless Encampments



Family Size



Gender



Age Breakdown



Racial Breakdown



Chronic Homeless Served



SPECIALIZED POPULATIONS

2018 Homeless Veterans



Sheltered vs. Unsheltered



2016-2017 School Year School Aged Youth



Unaccompanied Youth, 18-24

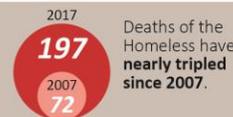


2018 Victims of Domestic Violence



DEATHS OF THE HOMELESS

Over the last decade approximately **1,356** people experiencing homelessness have died statewide.



PROPOSED SOLUTIONS

- Increased access to affordable housing.
- More low-barrier shelter options.
- Housing First.
- Increased funding for supportive services.



Source: Annual PIT Counts, Homeless Management Information System (HMIS) data, Office of the Chief Medical Examiner (OCME), Maryland Department of Education data and HUD's Annual Homeless Assessment Report (AHAR). The youth population estimate under the counted homeless section (368) is derived from a breakdown of the Point in Time count by age. The estimate of unaccompanied homeless youth represented in the specialized populations section (2,336) is the result of statewide surveys of in-school youth.

The State Interagency Council on Homelessness

Maryland's ICH was established to examine statewide initiatives aimed at ending homelessness throughout the State of Maryland. Membership of the Council includes representatives from thirteen state agencies, three representatives from local Continua of Care, and nine advocates from throughout the state as well as a community member who has experienced homelessness. The Council is tasked with the following objectives:

- Coordinate state policy and working relationships among state, local, and nonprofit agencies concerning efforts to remedy and prevent homelessness across the state.
- Coordinate data sharing between local Continua of Care.
- Coordinate outreach to each CoC to develop joint strategies that impact State and federal funding efforts to remedy and prevent homelessness.
- Determine comprehensive and effective collaborative strategies and best practices for remediation and prevention of homelessness in the State, in particular addressing the differing needs of the State's geographic areas.
- Recommend changes necessary to alleviate or prevent homelessness, including making recommendations annually to the General Assembly, in accordance with § 2-1246 of the State Government Article, and appropriate State agencies and organizations regarding effective policies, effective distribution of resources, and access to available services and programs.
- Identify supportive services for special populations, including veterans, youth, families and individuals with behavioral health problems.
- Disseminate information and educate the public about the prevalence and causes of and responses to homelessness.
- Solicit input from the advocacy, business and faith communities as well as from consumers, regarding policy and program development.
- Determine best practices and models for providing emergency shelter and shelter diversion, including ensuring the health, safety, and security of shelter residents, providing client-centered and trauma-informed support services, and ensuring equal access to protected classes under applicable federal, State, and local civil rights laws.
- Coordinate data sharing between local Continua of Care and make annual recommendations to the state legislature that are in compliance with federal policy initiatives and funding strategies.

Goals of the ICH Homeless Services Framework

Maryland's ICH created the first draft of the homeless services framework goals in January 2015. The framework is based on the needs identified by the 16 Continua of Care (CoC) across the state. The Council used a participatory process to define and further narrow the goals. The framework (see Appendix) continues to be a working document that evolves with the Council as objectives are met and strategies are further refined.

Fourth Year Accomplishments

The Council held its inaugural meeting on September 24, 2014. Meetings have taken place on a regular basis each year, with workgroup and planning meetings occurring outside of full council meetings. In fiscal year 2018, the ICH and its member agencies have accomplished the following (see the 2017 report for previous accomplishments):

Framework Goal 1: Housing

- ✓ DHCD successfully consolidated six different homeless service grants into the Homelessness Solutions Program (HSP), \$9.1 million in total, streamlined the application and funding process, and updated state regulations.

- ✓ DHCD held a statewide learning collaborative focused on increasing the use of Rapid Re-housing funding and more than doubled the funding allocation through the Homelessness Solutions Program (HSP).
- ✓ DHCD has begun engagement with affordable housing developers, local CoCs and housing authorities to encourage more Permanent Supportive Housing (PSH) development.

Framework Goal 2: Year-Round Emergency Shelter

- ✓ DHCD required all homeless service providers receiving the consolidated Homelessness Solutions Program (HSP) to reduce barriers to emergency shelter and to follow Housing First principles.
- ✓ Tracked and published number of weather-related deaths of individuals experiencing homelessness statewide during summer and winter months.
- ✓ Completed an assessment of all causes of death for the homeless between 2007 and 2017.

Framework Goal 3: Emergency Services

- ✓ Created the Medical Respite Assessment in Maryland (MRAM), a needs assessment tool administered in 18 of 24 counties to determine what respite services each jurisdiction offers and where additional respite beds are needed.
- ✓ Developed the Re-entry and Exit Planning (REEP) tool to assess how incarcerated individuals are released and disseminated in the jails in 17 of 24 jurisdictions in the State.

Framework Goal 5: Unaccompanied Homeless Youth and Young Adults

- ✓ Monitored the passage of the Ending Youth Homelessness Act during the 2018 legislative session.
- ✓ DHCD expanded the Youth REACH count to 20 jurisdictions in spring of 2018.
- ✓ Conducted survey of Continuum of Care, service providers, and youth with lived experience regarding services for youth, barriers to access, and experiences utilizing services.

All meetings of the Council are open to the public, as is participation in the Work Groups. For the most-up-to date information about the Council and a list of members, please refer to:

<http://dhcd.maryland.gov/HomelessServices/Pages/InteragencyCouncil.aspx>

Causes and Consequences of Homelessness in Maryland

The primary contributing factors of homelessness are a combination of low wages and a lack of available, affordable, or adequate housing. Lack of income relative to cost of living, disabling conditions, domestic violence, and sudden income loss are common issues that result in individuals losing housing. The cost of living in Maryland is eighth most expensive of the 50 states and the District of Columbia.³ Even though Maryland enjoys the second lowest poverty rate in the country at 9.3%,⁴ the high cost of living places affordable housing out of the reach of many families.

Availability of affordable rental housing for low-income households in Maryland does not meet the current demand. Across Maryland, there are an estimated 570,776 persons living in poverty⁵ and 458,637 households are severely rent-burdened.⁶ The National Low Income Housing Coalition (NLIHC) estimates that Maryland has a shortage of 130,644 affordable rental-housing units for families earning less than 50% of area median income (AMI) and a shortage of 123,621 units for families earning less than 30% of AMI.⁷

³ https://www.missourieconomy.org/indicators/cost_of_living/

⁴ <https://talkpoverty.org/indicator/listing/poverty/2018>

⁵ <https://www.census.gov/quickfacts/md>

⁶ http://www.jchs.harvard.edu/ARH_2017_cost_burdens_by_state_total

⁷ http://nlihc.org/sites/default/files/oor/files/reports/state/OOR_2018_MD.pdf

HUD defines AMI annually based on the median income for families within metropolitan and non-metropolitan areas to calculate income limits for eligibility for various HUD programs. In 2018, the average price of a one-bedroom fair market rent unit in Maryland is \$1,256 per month⁸ a 3% increase from 2017. The affordable average rent amount for households at 30% AMI is only \$757.⁹ Maryland has only 34 affordable housing units per 100 households earning 30% AMI or less.¹⁰

Quantifying Homelessness in Maryland

While most low-income households manage to stay housed, it remains precarious. A simple life event – illness, job loss, divorce – could result in a household falling into homelessness. The Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to conduct a Point in Time (PIT) count of those experiencing homelessness in a jurisdiction, during the last 10 days of January. This is the only national count conducted each year and it serves as a basis for HUD’s annual funding allocations. In 2018, the national total count was 552,830 individuals¹¹. HUD Requires both sheltered and unsheltered counts in odd years, and leaves it optional in even years. The 2018 PIT count included totals of those living in shelter, but does not include unsheltered clients in Baltimore City, Carroll or Garrett Counties. The annual totals presented in the chart below represents a total of anyone that was homeless and required services, shelter, or housing throughout the 2018 fiscal year as reported by CoC providers. The annual figure is a more accurate estimate of the total homelessness in Maryland while the PIT count more effectively serves as an indicator of trends over time. The 2018 annual total is approximately 1% higher than the total for 2017 and is 13% higher than the annual count collected in 2015, which may be attributed to increased access to services. Comparing PIT count years when a sheltered count was taken (2016 and 2018), the totals show an overall decrease of 10% in the number counted.

⁸ Maryland has over 700,000 renter households statewide.

⁹ http://nlihc.org/sites/default/files/oor/files/reports/state/OOR_2018_MD.pdf

¹⁰ http://nlihc.org/sites/default/files/Gap-Report_2017_interactive.pdf

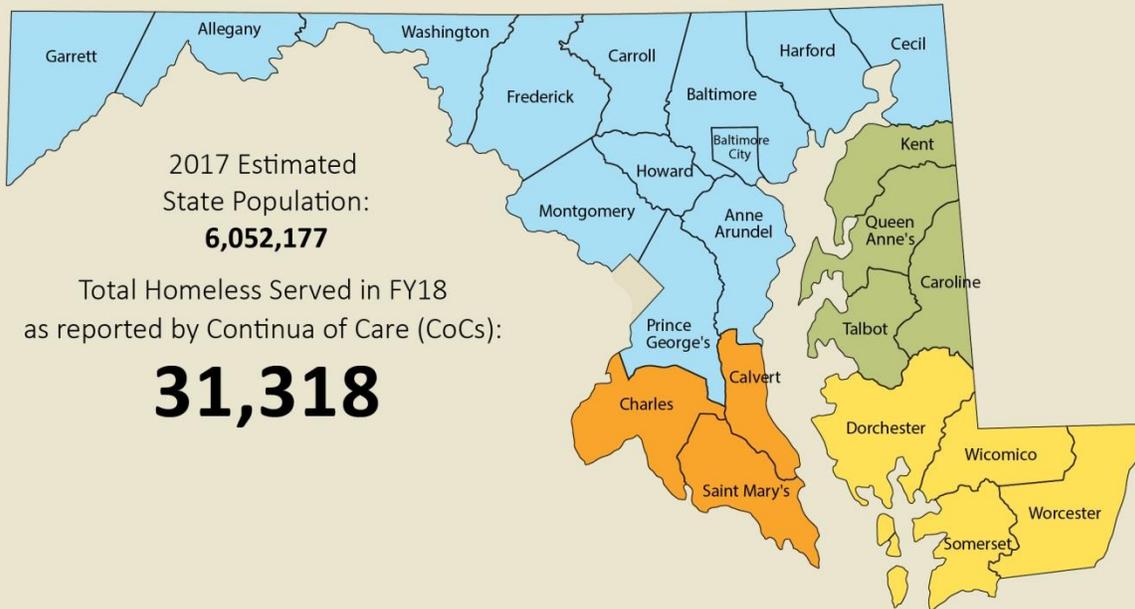
¹¹ <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

Table 1 Comparison of Jurisdictional Annual Total Point-in-Time Count Data

Maryland Continuum of Care	Total homeless clients served (FY15)	Total homeless clients served (FY16)	Total homeless clients served (FY17)	Total homeless clients served (FY18)	2018 Point-In-Time Count Numbers
Allegany County	148	298	376	304	79
Anne Arundel County	1,471	991	1,736	1,544	366
Baltimore City	11,144	11,807	12,868	12,226	1962
Baltimore County	3,628	3,648	3,763	3,997	758
Carroll County	497	663	780	797	151
Cecil County	365	579	341	433	129
Frederick County	1,746	1,327	1,287	1,215	316
Garrett County	313	225	237	210	15
Harford County	476	472	430	484	190
Howard County	909	875	620	978	168
Lower Shore	910	1,184	1,416	1,509	292
Mid-Shore	263	604	580	642	141
Montgomery County	3,189	2,798	2,661	2,993	840
Prince George's County	1,263	1,921	2,128	1,872	478
Southern Maryland	981	1,329	1,078	1,039	492
Washington County	461	949	794	1075	199
Totals	27,764	29,670	31,095	31,318	6,576

The majority of homeless individuals in fiscal year 2018 were counted in Baltimore City, Baltimore County, Montgomery County and Prince Georges County, which is a trend that continues from prior years. The annual numbers show 41% of the total served were in Baltimore City; 12% in Baltimore County; 9% in Montgomery County; and 7% in Prince Georges County. Half of the sixteen CoCs experienced an increase in their total annual count compared to last year while the other half experienced a decrease. Providers attribute the increase in homeless population served to several factors including a push to increase outreach efforts and rapid rehousing programs across the state, as well as the addition of more direct service providers to CoC data collection systems. The infographic on the following page illustrates homelessness by CoC (CoC) according to the annual totals as reported by each jurisdiction.

Homelessness By Continuum of Care



Continuum of Care	2017 County Population	% of Overall State Population	Annual CoC Homeless Count	% of State Annual Homeless
Anne Arundel	573,235	9.5%	1,544	4.9%
Baltimore city	611,684	10.1%	12,226	39.0%
Baltimore	832,468	13.8%	3,997	12.8%
Howard	321,113	5.3%	978	3.1%
Montgomery	1,058,810	17.5%	2,993	9.6%
Prince George's	912,756	15.1%	1,872	6.0%
Cecil	102,746	1.7%	433	1.4%
Harford	252,160	4.2%	484	1.5%
Allegany	71,615	1.2%	304	1.0%
Carroll	167,781	2.8%	797	2.5%
Frederick	252,022	4.2%	1,215	3.9%
Garrett	29,233	0.5%	210	0.7%
Washington	150,578	2.5%	1,075	3.4%
Mid Shore	171,612	2.8%	642	2.0%
Lower Shore	180,531	3.0%	1,509	4.8%
Southern MD	363,869	6.0%	1,039	3.3%

Source: State population data: https://www.maryland-demographics.com/counties_by_population.

Counts of Vulnerable Sub-Populations

The ICH is statutorily required to examine trends in homelessness of particularly vulnerable populations such as the chronically homeless, veterans, and unaccompanied homeless youth. The ICH has focused workgroups for homeless youth, the intersection of health and homelessness, as well as workforce development needs of those experiencing homelessness.

Chronically Homeless

In 2015 HUD changed the definition of a chronically homeless person. The definition includes individuals that meet one of the following criteria:

- 12 months of continuous homelessness or four or more episodes of homelessness within the last three years that add up to 12 cumulative months (must be at least three breaks in homelessness of seven days each).
 - If a person was homeless at least one day in a month, that entire month will count towards the 12-month requirement.
- Currently is staying in a place not meant for human habitation, in an emergency shelter, fleeing domestic violence, or in a public institution.
 - Includes stays in public institutions of 90 days or less, where the client was homeless immediately prior to entering the institution.
- Meets the definition of “homeless individual with a disability”

According to the 2016 Point-in-Time (PIT) count, there were 1,109 chronically homeless statewide and in the 2018 count, 1,071 were identified. There are a number of unsheltered homeless not captured in the 2018 PIT count. 2018 was the first year that CoCs were asked to report the total number of chronically homeless they serve throughout the fiscal year. The annual total of chronically homeless served during fiscal year 2018, as reported by CoC partners is 3,527, a more accurate estimate of the total number of chronically homeless in Maryland.

Homeless Veterans

According to the 2018 PIT count, 8.3% of those included are veterans. During the 2018 PIT, 548 homeless veterans were counted, a 5% increase since the last time a primarily sheltered count was conducted in 2016. In an effort to gather a more dependable estimate, CoCs were asked to report the total number of veterans they served throughout fiscal year 2018 which yielded a number of 2,216. This annual total represents veterans receiving prevention, outreach, emergency shelter, rapid re-housing and placement into permanent housing.

Homeless Youth

Accurate data about youth experiencing homelessness is difficult to capture, therefore the ICH relies on more than one source of data to understand the scope of this population. The 2018 PIT count recorded 236 unaccompanied youth in shelter statewide. Children and youth who lack a fixed, regular, and adequate nighttime residence and unaccompanied youth not under the physical custody of their parent(s) are eligible to receive services according to the McKinney-Vento Homeless Assistance Act. According to data provided by the Maryland State Department of Education (MSDE), there were approximately 17,429 school-aged youth experiencing homelessness while enrolled in school during the 2016-2017 school year, a 5.5% increase from the 2015-2016 school year. Of those 17,429:

- 81% were students doubled up with other families
- 9% were students living in shelter
- 9% were living in a hotel/motel and approximately
- 2% were unsheltered.

During federal fiscal year 2018, the Maryland State Department of Education (MSDE) received \$1.3 million in federal McKinney-Vento funds to support homeless youth in the school system. McKinney-Vento services, provided through local McKinney Vento coordinators support homeless youth in need of transportation to and from school when homeless, immunization, birth certificates and housing assistance from shelter.

Unaccompanied homeless youth are defined as youth who are not part of a family during their episode of homelessness and who are between the ages of 18-24. Due to the challenging nature of accurately counting this population, DHCD has funded a targeted Youth REACH count for the last three years throughout 20 jurisdictions in Maryland. Youth included in the count were between the ages of 16-24, were not in the physical custody of a parent, and lacked a fixed, regular or adequate nighttime residence. Maryland Youth REACH surveyed 1,782 youth and found 1,033 (58%) under 25 without stable housing and 816 (46%) unaccompanied and without stable housing.

To access more information from the count, please visit: <http://www.youthreachmd.com>.

Individuals Experiencing Domestic Violence

The 2018 PIT count estimates 434 (6.5%) of the total 6,576 homeless individuals counted were fleeing a domestic violence situation. While this represents a significant drop from the 747 individuals reported in the 2016 PIT count, the reduction is attributed to Baltimore City providing fewer transitional beds as a result of cuts in federal funding and a few jurisdictions not conducting an unsheltered count in 2018. This does not indicate a major decrease in the number of people who were fleeing a domestic violence situation. Domestic violence service providers are also not required to enter data into a Homeless Management Information System (HMIS) due to privacy concerns, but are required to use a compatible database, making it more difficult to compare the data provided in the year to year counts. DHCD is currently working on a data solution to collect information from these providers while ensuring compliance with the Violence Against Women Act (VAWA) and maintaining the safety of program participants. Once implemented, this solution will allow for consistent annual data collection comparisons moving forward.

Availability of Emergency and Permanent Housing

A comparison of the 2016 and 2017 HUD Housing Inventory Count (HIC), showed that year-round shelter beds remained relatively constant, increasing just 4% from 2016 to 2017, although seasonal overflow beds have decreased 24%, leading to a 4% decrease in the total shelter capacity. Reflecting trends in housing best practice and funding, transitional housing beds have decreased 23%. The state has seen a 5% increase in permanent supportive housing (PSH) and a 33% increase in Rapid Re-Housing (RRH). In 2018, the Department funded a year-long RRH learning collaborative through the University of Maryland School of Social Work, in collaboration with the National Alliance to End Homelessness.

Emergency Shelter Beds

Availability of a sufficient number shelter beds to meet emergency needs of homeless individuals and families continues to be a challenge in Maryland. Annually, each CoC provides the total number of year-round beds they have available to shelter the homeless within their jurisdiction through HUD's Housing Inventory Count (HIC). Currently, two counties in Maryland do not have a year-round emergency shelter for the homeless.¹² If a jurisdiction does not have available space at an emergency shelter, providers will expand their capacity by placing singles in overflow beds and families into temporary motel placements.

¹² Cecil and Queen Anne's.

The 2018 PIT counted a total of 6,576 individuals experiencing homelessness. Of those, 5,380 were sheltered and 1,196 were unsheltered.¹³ Emergency shelter providers receiving the Emergency Solutions Grant funding in fiscal year 2017 exited approximately 486 individuals from shelter, 43% of whom exited to permanent housing. The median length of stay for those that stayed in shelter was approximately 128 days.¹⁴ According to the 2017 HIC, the statewide maximum capacity of year-round emergency shelter space (emergency shelter, safe haven, seasonal and overflow beds) is 4,500. This is 4% less than the total beds available last year primarily due to a decrease in seasonal overflow beds. Comparing the 2017 total number of individuals served throughout FY17 (31,095) and the 2017 year-round shelter bed total in the 2017 HIC (4,500), Maryland has year-round shelter space to meet the needs of only 14% of the total homeless population served throughout the year.

Providers receiving consolidated Homelessness Solutions Program (HSP) funding are required to accept people into shelter and are not allowed to have barriers to entry such as sobriety, or family size or composition. Unfortunately, shelter providers do refuse some portion of those seeking shelter due to a lack of space. The total number of people turned away from shelter is not available statewide as all programs are not funded by DHCD, however the programs receiving DHCD funding during fiscal year 2018 reported that approximately 25,631 were turned away from shelter, nearly 25% more than in fiscal year 2017. The ICH partner agencies are currently reviewing the gaps in shelter space and developing strategies to meet the needs of this population.

Permanent Supportive Housing, Transitional Housing, and Rapid Re-Housing

According to the 2017 HIC, nine CoCs increased the availability of Permanent Supportive Housing (PSH) units, increasing the statewide total by 435 units (5%). PSH units receive a permanent rental subsidy and case management supports, and typically are targeted to the highest needs clients. Due to decreased federal funding for Transitional Housing (TH), the number of these units decreased by 23% statewide in 2017. The use of Rapid Re-Housing (RRH), a short-term rental subsidy coupled with supportive services, has increased statewide by nearly 33% (from 1,081 to 1,433), as a result of DHCD's commitment to expand RRH programs. In total, the state has 12,494 transitional and PSH units available statewide. DHCD has made PSH expansion a focus area for future years and estimates at least 2,800 additional units statewide are necessary to respond to the need.

Homeless Encampments

When emergency shelter, motel, rapid re-housing or permanent options are not available, individuals and families experiencing homelessness may take shelter in potentially unsafe locations, including cars, abandoned buildings or encampments. A homeless encampment is defined as an interim gathering of those living outdoors in tents or temporary structures not meant for long-term human habitation. Encampments do not have running water or electricity and those living there are exposed to the elements. Due to the transient nature of encampments, it is difficult to know exactly how many exist at any given time. However, according to provider estimates, during the months of August and September 2018, there were approximately 221 encampments statewide.¹⁵

¹³ Unsheltered counts were not required by HUD in 2018, but many COCs perform unsheltered counts every year. This number is lower than the total unsheltered as it does not include counts from Baltimore City, Carroll County or Garrett County.

¹⁴ Data reported from ESG providers only, through CoC homeless Management Information Systems (HMIS) and shared with Maryland's Statewide Data Warehouse.

¹⁵ The encampment data is based on CoC estimates of known encampments of more than two tents or temporary structures that have been present for an extended period of time. Some encampments are on private land providers are unable to access them.

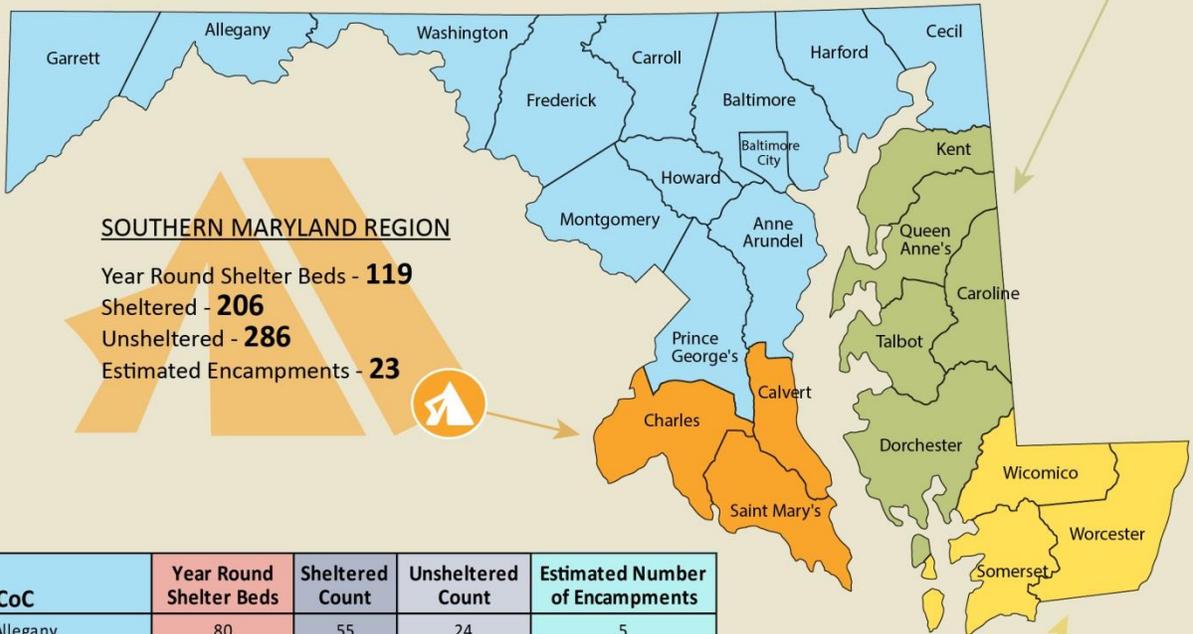
2018 Unsheltered Homelessness By CoC

An encampment is defined as an interim gathering of those living outdoors in tents or temporary structures not meant for long-term human habitation.

Estimates include sites that have 2 or more structures.

 **221** Estimated Homeless Encampments Statewide

*These figures represent the estimated number of encampments during the **August and September 2018** timeframe*



SOUTHERN MARYLAND REGION

Year Round Shelter Beds - **119**
 Sheltered - **206**
 Unsheltered - **286**
 Estimated Encampments - **23**

MID SHORE REGION

Year Round Shelter Beds - **43**
 Sheltered - **111**
 Unsheltered - **30**
 Estimated Encampments - **20**

LOWER SHORE REGION

Year Round Shelter Beds - **177**
 Sheltered - **260**
 Unsheltered - **32**
 Estimated Encampments - **25**

CoC	Year Round Shelter Beds	Sheltered Count	Unsheltered Count	Estimated Number of Encampments
Allegany	80	55	24	5
Anne Arundel	148	280	86	24
Baltimore City	1,260	1,962	Not counted	25
Baltimore Co.	394	472	286	45
Carroll	98	151	Not counted	10
Cecil	22	88	41	7
Frederick	155	232	84	5
Garrett	21	15	Not counted	0
Harford	83	169	21	6
Howard	98	125	43	6
Montgomery	312	707	133	5
Prince Georges	196	393	85	3
Washington	213	154	45	12

Source: 2018 state PIT count of unsheltered homeless and 2017 Housing Inventory Count (HIC)

Housing First

Housing First, a cost-effective, low-barrier national best practice for reducing homelessness, requires providers to rapidly find and place people into housing followed immediately with wrap-around services to ensure long-term sustainability. The approach has allowed communities to significantly reduce the length of stay in emergency shelter and tackle the high numbers of those living unsheltered nationwide. The federal Opening Doors plan¹⁶ gives detailed guidance on the principles of Housing First and the success communities are having. All grantees receiving federal and state funding are required to comply with Housing First principles. During 2016, Maryland’s ICH adopted the following definition of Housing First for state and federally funded programs:

Housing First offers homeless individuals and families access to permanent affordable housing as quickly as possible in a manner that is not time limited, connects tenants to optional supportive services, and has a low threshold for entry or ongoing tenancy, including no employment, income, or clinical prerequisites.

Shifting of Federal Funding from Transitional Housing and Support Services to Permanent Housing

Each state’s local CoCs receive funding from the Department of Housing and Urban Development (HUD) directly for various activities to serve those experiencing homelessness. In federal fiscal year 2016, HUD increased Maryland’s CoC network funding by a net total of \$1.2 million. This most recent year, HUD increased federal funding to Maryland by an additional \$2 million. Although Maryland received an increase in PSH and RRH spending, Transitional Housing and Safe Haven funds were cut for the second year in a row. This is in tandem with national best practice trends showing permanent and rapid re-housing programs have better outcomes and are more cost-effective. Detailed below are the funding categories and amounts for 2017 and 2018. See Appendix 2 for specific jurisdictional awards.

Table 2 Federal Homeless Services Funding to Maryland

Category	Definition	Total Award for 2017	Total Award for 2018	% Increase/Decrease
Permanent Supportive Housing (PSH)	Housing designed to provide supportive services on a long-term basis to formerly homeless people, who have disabilities or other housing barriers.	\$38,336,042	\$40,013,135	4% Increase
Rapid Re-Housing (RRH)	A short-term rental subsidy and supportive services.	\$3,844,590	\$4,452,844	16% Increase
Transitional Housing	Housing for the homeless that combines support services for up to 24 mos. Participants technically remain homeless and must leave the program after 24 months.	\$1,439,944	\$1,327,680	8% Decrease
Safe Haven	Non-permanent housing that serves those living on the street with severe mental illness that has been unable or unwilling to participate in supportive services.	\$1,316,305	\$979,305	26% Decrease
Supportive Services	Services provided to those experiencing homelessness through outreach efforts and shelter provision.	\$1,374,387	\$1,374,387	No change
Homeless Mngmt. Info. System (HMIS)	Homeless Management Information System, used by homeless providers to track client intake, progress and move out.	\$807,413	\$834,413	3% Increase
Continuum of Care Planning	Included planning activities around federal objectives such as coordinated assessment	\$1,116,390	\$1,239,788	11% Increase
	TOTALS:	\$48,235,071	\$50,221,552	4% Increase

¹⁶ <https://www.usich.gov>

Programmatic Outcomes of State-Funded Service Grants

In addition to federal funding sources that come to Maryland, DHCD administered approximately \$9.1 million in state funds during fiscal year 2018 to emergency service programs serving the homeless statewide. A number of programs previously administered by DHS through the end of fiscal year 2016 were shifted over to DHCD as of July 1, 2017. Summarized in the table below are outcomes of all state-funded programs aimed at serving the homeless.

Table 3 Programmatic Outcomes of State-Funded Service Grants

Program Name (Description & funding amount in appendix)	Oversight Agency	FY18 Outcomes
Homelessness Prevention Program	DHS	<ul style="list-style-type: none"> ▪ 781 household eviction prevention stipends issued ▪ 4,038 household eviction prevention services provided
Emergency & Transitional Housing and Services Program (ETHS)	DHCD	<ul style="list-style-type: none"> ▪ 20,544 received shelter services ▪ 126,818 bed nights provided ▪ 65,552 meals served
Homeless Women – Crisis Shelter Home Program (HWCSH)	DHCD	<ul style="list-style-type: none"> ▪ 4,337 received shelter services ▪ 52,043 bed nights provided ▪ 406 women moved to a permanent destination
Service-Linked Housing Program (SLHP)	DHCD	<ul style="list-style-type: none"> ▪ 2,138 received services to maintain housing
Housing Counselor Program (HCAP)	DHCD	<ul style="list-style-type: none"> ▪ 3,048 households assisted in securing and maintaining housing
Emergency Solutions Grant (ESG)	DHCD	<ul style="list-style-type: none"> ▪ 5,799 individuals received assistance including emergency shelter, rapid re-housing, homeless outreach and prevention
Emergency & Transitional Housing and Services Program (ETHS)	DHCD	<ul style="list-style-type: none"> ▪ 655 households received rental subsidies
CoC (formerly Shelter Plus Care)	MDH	<ul style="list-style-type: none"> ▪ 410 households served
Housing First Pilot Project	MDH	<ul style="list-style-type: none"> ▪ 81 individuals served
PATH Grant¹⁷	MDH	<ul style="list-style-type: none"> ▪ 1,574 individuals served
SOAR Initiative	MDH	<ul style="list-style-type: none"> ▪ 160 total cases served ▪ 130 total claims approved ▪ 30 claims denied
MD CHES Grant	MDH	<ul style="list-style-type: none"> ▪ 283 individuals served in Anne Arundel and Carroll Counties
Homeless ID Grant Fund	MDH	<ul style="list-style-type: none"> ▪ 402 state identification cards provided ▪ 1,482 birth certificates provided

Sources to Build or Subsidize Affordable Housing for those Experiencing Homelessness

In addition to service grants to provide emergency assistance to the homeless and those at risk of homelessness, the State administers a number of programs outlined below, designed to build and subsidize affordable housing for the homeless and disabled.

¹⁷ Projects for Assistance in Transition from Homelessness (PATH)

Rapid Re-Housing

Rapid Re-Housing (RRH) is a proven and effective Housing First strategy for addressing homelessness. Studies completed nationwide show 80% or more of RRH clients successfully transition to permanent housing. RRH focuses on rapidly placing clients into permanent housing, while continuing to provide case management and services on a scaled, client-driven basis. Rapid Re-Housing programs provide short-to-medium term rental assistance (often 3 to 6 months), giving the person time to stabilize in their new housing as they become fully responsible for making payments on their lease. The three core components are involved are housing identification, rental assistance, and case management.

Rapid Re-Housing in Maryland is funded primarily through the Homelessness Solutions Program (HSP), administered by DHCD. HSP combines federal Emergency Solutions Grants (ESG) program funds with five additional state funding sources: the Rental Allowance Program (RAP), Emergency and Transitional Housing and Services (ETHS), Crisis Shelter Home Program (CSH), Service-Linked Housing Program (SLHP), and the Housing Counselor and Aftercare Program (HCAP). For state fiscal year 2019 /federal fiscal year 2018, DHCD has awarded more than \$2.15 million through HSP to support 30 Rapid Re-Housing programs throughout Maryland, including funding for both rental assistance and case management. This represents more than double the \$968,600 awarded in fiscal year 2017, reflecting the Department's continued commitment to using RRH as a primary intervention for non-chronic homelessness. The CoCs project they will serve approximately 1,854 individuals with the fiscal year 2019 HSP allocation.

Along with the financial support, DHCD provides training and technical assistance to ensure that providers are able to implement both new and existing RRH programs effectively. During fiscal year 2018, the Department brought together 28 provider agencies in four different Learning Collaboratives, as part of a partnership with the National Alliance to End Homelessness (NAEH) and the University of Maryland School of Social Work Institute for Innovation and Implementation (the Institute). Over the course of the year, agencies met for training and peer learning sessions, culminating in a 100-Day Challenge that saw 380 households move into permanent housing between May and August 2018.

Shelter and Transitional Housing Facilities Grant Program

This Shelter and Transitional Housing Facilities Grant Program (STHFG), managed by DHCD, is a capital-funding source targeted to create new or rehabilitate existing housing units reserved for those experiencing homelessness. The annual state allocation in fiscal year 2018 was \$3 million for two projects: Angel's Watch for \$1.6 million and Helping Up Mission for \$1.4 million. Angel's Watch is a capital project for a domestic violence center (DVC) in Charles County; Helping Up Mission is a capital project for a commercial kitchen in an existing homeless shelter for men in Baltimore City. There is one additional project in the pipeline for fiscal year 2019, a Family Support Center for \$1.1 million in Carroll County.

Section 811 Program

The Section 811 Project Rental Assistance Program administered by the Department of Housing and Community Development (DHCD) is a project-based rental subsidy program for persons with disabilities, age 18-61, with incomes at or below 30% of the Area Median Income (AMI) and who are Medicaid recipients and eligible for long-term support and services. Between April 2012 and February 2013, HUD awarded approximately \$20 million to Maryland to create 300 units statewide. The Department focused the 811 investment into communities throughout the Baltimore – Washington metro areas. The Maryland Department of Health (MDH) and the Department of Disabilities (MDoD)¹⁸ work together with DHCD to

¹⁸ MDoD maintains the waitlist, which is accessed through a case manager that commits to helping the person with the application process, leasing, and continued tenancy.

administer the program. First priority goes to persons transitioning from nursing facilities; second to those at risk of institutionalization; and third to persons transitioning from MDH licensed group homes, alternative living units, and/or assisted living facilities. The homeless, as defined by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, are priority four.

- Since the program began lease up in 2016, 10 of the 58 total (17%) Section 811 units available for occupancy have gone to those experiencing homelessness.
- During state fiscal year 2017, two of the 58 total (3%) Section 811 units available for occupancy went to those experiencing homelessness.
- An additional 91 units are to be leased by the end of fiscal year 2019.
- As of June 30, 2018, 1,063 of the 2,252 people (47%) on the waitlist are homeless, a 14% increase from fiscal year 2017.

To date, DHCD has identified 302 potential Section 811 units for construction and occupancy, which will occur over the next several years.

Harry and Jeanette Weinberg Foundation Grant for Persons with Disabilities

This program is an affordable rental housing opportunities initiative and provides capital funds during construction to make rental housing more affordable to persons living with a disability. The Weinberg funds are awarded to developments financed through the Federal Low-Income Housing Tax Credit Program (LIHTC). Developers are required to keep the units affordable for forty years. In 2011, the Harry and Jeanette Weinberg Foundation contributed \$2 million in grant funding to DHCD and a second \$2 million was awarded in 2016. The units are reserved for persons with a disability, earning up to 30% of AMI.

- Between 2011 and the end of fiscal year 2018, 29 units across 11 properties received Weinberg funded.

New Futures

The New Futures Subsidy Program assists recipients by providing affordable and stable housing to victims of crimes (domestic, sexual assault, sex trafficking) and youth aging out of foster care. The program is administered by DHCD and provides housing identification support, landlord negotiation, 12 months of rental assistance and wrap-around supportive services to each participant to increase the potential of sustainable tenancy. The total funding including the match is \$4.6 million, with \$3.9 million allocated for rental expenses. DHCD recently received a second grant for \$5 million to fund new participants beginning in 2019. To date, 205 participants have been housed and 193 are currently in the program (12 were either evicted or voluntarily left the program). Participants are referred through the Governor's Office of Crime Control and Prevention's (GOCCP) network of referring agencies and the Department of Human Resources (DHS).

National Housing Trust Fund

The National Housing Trust Fund (NHTF) is a permanent federal fund authorized by the Housing and Economic Recovery Act of 2008 (HERA). HERA imposes a requirement on all new business generated by Fannie Mae and Freddie Mac to finance the fund. The intent is to provide states with funding to build, rehabilitate, and preserve housing affordable to Extremely Low Income (ELI) renters. Extremely Low Income renters are those that make income at or below 30% AMI. Maryland has received a total of \$10 million in NHTF dollars thus far, \$3.4 million in 2016, \$3 million in 2017 and \$3.5 million in 2018. During the first year, at least 90% of the funding must be used for rental housing that benefits ELI households.

Housing Opportunities for Persons with AIDS

The Maryland Department of Health (MDH), Prevention and Health Promotion Administration (PHPA) receives funding directly from HUD through the Housing Opportunities for Persons with AIDS (HOPWA)

Program. The HOPWA Program provides assistance through short and medium-term rental subsidies, rent, utilities, mortgage support, and security deposits/first month's rent to rapidly re-house persons living with HIV/AIDS into permanent housing. Individuals can benefit from the HOPWA program that are living with HIV/AIDS, are low-income, and are experiencing homelessness or housing instability. Participants in the HOPWA program face several barriers to maintaining housing, such as access and proximity to specialized health care and stigmatization. Such barriers can jeopardize their continued engagement in essential HIV/AIDS medical and non-medical case management care and their ability to maintain medication adherence that helps them achieve viral suppression – an essential component to ending the HIV/AIDS epidemic.

The programs available under HOPWA are the Tenant Based Rental Assistance (TBRA), Short Term Rent, Utilities and Mortgage Assistance (STRMU) and Permanent Housing Placement (PHP) programs. For fiscal year 2018, \$848,563 was allocated to Allegany, Caroline, Dorchester, Garrett, Kent, Somerset, St. Mary's, Talbot, Washington, Wicomico and Worcester counties from the HUD Rural HOPWA award and encumbered dollars. \$1.49 million was awarded to Montgomery and Frederick Counties in HUD awarded and encumbered dollars. During fiscal year 2018, the HOPWA program served approximately 290 eligible participant households and an additional 240 family member beneficiaries.

§1115 Waiver

Permanent Supportive Housing (PSH) is a nationally recognized, evidence-based intervention that integrates affordable housing with voluntary, person-centered supportive services. Funding to pay for these supportive services for individuals residing in this housing is limited and states nationwide are exploring the use of waivers to cover the costs. As part of Maryland's recently approved §1115 Health Choice waiver renewal, in July 2017 the Maryland Department of Health (MDH) offered local governments the opportunity to request matching funds for the Assistance in Community Integration Services (ACIS) Pilot.¹⁹ The ACIS Pilot allows applicants to receive match funds from the federal government to serve up to 300 high-risk, high-utilizing Medicaid enrollees who are at risk of institutional placement or homelessness post-release from certain settings. The pilot does not pay rental subsidies but does create a new payment model that provides reimbursement for housing-based case management, which is typically not reimbursable under Medicaid, outside of federal waivers.

In December 2017, Baltimore City Mayor's Office of Human Services, Montgomery County Department of Health and Human Services, and Cecil County Health Department were approved by MDH for funding to serve up to 190 Medicaid eligible beneficiaries total in the ACIS Pilot. On January 8, 2018, MDH issued a second round of ACIS Pilot Request for Applications (RFA), anticipating that additional awards for new Pilots and Pilot expansions would go into effect in July 2018. In April 2018, MDH approved Montgomery County Department of Health and Human Services to serve an additional 35 individuals, and the Prince George's County Health Department to serve 75 individuals. In July 2018, MDH submitted a §1115 Waiver Amendment to the Centers for Medicare and Medicaid Services (CMS) in part requesting an additional 300 participant places for the ACIS Pilot, bringing the total statewide cap to 600 individuals. The expected effective date is the first quarter of 2019, pending CMS approval.

¹⁹ <https://mmcp.health.maryland.gov/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx>

Combination of State Homeless Grant Funding

Beginning in 2015, the Department of Human Services (DHS) and DHCD began discussing ways to combine similar homeless services programs operated by each agency, in order to more effectively serve the homeless and provider partners and to streamline state operations and funding practices. During the 2017 General Assembly session, the Administration introduced legislation to consolidate six homelessness services programs at DHCD. Those programs (Emergency Solutions Grants, Rental Allowance Program, Emergency & Transitional Housing and Services, Service-Linked Housing Program, Homeless Women - Crisis Shelter Home, and the Housing Counselor and Aftercare Program) became the Homelessness Solutions Program (HSP).

The newly established HSP provides funding directly to the 16 Continua of Care (CoC) in Maryland. The CoCs may apply for HSP funding through a single streamlined application process. In fiscal year 2018, a total of \$9.1 million was awarded to 86 provider agencies through the CoCs. HSP funding may be used for outreach, shelter, and housing stabilization services. State regulations were simplified and took effect on July 30, 2018. The single grant program has already resulted in significant administrative efficiencies and increased coordination among agencies within each CoC.

Shelter Safety and Admission Practices

In 2017, the ICH engaged with a researcher to conduct a needs assessment of the 16 CoCs to evaluate what additional resources may be necessary for providers to lower barriers to emergency shelter while keeping facilities safe for staff and clients. The final report identified some of the challenges facing local CoCs and highlighted the following barriers to emergency shelter: requiring breathalyzers, urinalysis, background checks, use of prescribed medication for mental illness, and screening for sex offender status. In addition, larger families and those with a male head of household were not consistently allowed into emergency shelter across the state, with some shelters reporting that limited space is a factor in non-compliance. Additionally, families with older male children or those with same-sex parents or LGBTQ clients were being refused shelter in some jurisdictions. In rural areas, inadequate transportation was identified as a significant barrier to emergency shelter and supportive services. The report outlined seven recommendations to the ICH to 1) expand access to low barrier shelter beds statewide, 2) establish set-aside beds for outreach teams working with unsheltered clients, 3) provide more training to emergency shelter staff, 4) increase funding to hire additional clinical staff to respond to higher needs clients, 5) improve access and partnerships with providers of rehabilitative and detox services, 6) increase funding for Assertive Community Treatment (ACT) teams or Mobile Crisis units, and 7) to create standards of care relating to low barrier shelters.

Following the assessment, DHCD adopted a Housing First approach in the Homelessness Solutions Program (HSP) regulations, making low-barrier shelter a requirement for programs funded through HSP. Additionally, the Department incorporated fair housing and equal access rules into State regulations, and is ensuring that providers are both aware of, and complying with, the need to offer shelter to anyone in need, regardless of age, sex, sexual orientation, gender identity or expression or household composition. Training is offered to CoC grantees on an annual basis so that agencies understand how to build these requirements into their programs, and monitoring visits have focused on providing technical assistance in dealing with any challenges that might arise when offering low-barrier shelter.

Policy Recommendations of the Interagency Council on Homelessness (ICH)

The Interagency Council on Homelessness (ICH) was established in 2014 to examine statewide initiatives and recommend policy solutions to end homelessness in Maryland. As tasked by the General Assembly during its founding, the ICH identified a broad platform of policy priorities and recommendations for the 2019 Legislative Session that address specific issues throughout this system to alleviate and prevent homelessness. These priorities have been grouped into three categories: legislative, budget, and administrative.

- Legislative priorities are those that the Joint Committee on Ending Homelessness and other policymakers may consider advancing through legislation.
 - Budget priorities are areas where increased funding and effective distribution of resources would help promote best practices and program development.
 - Administrative priorities where changes can be made through state or local government agencies, or other regulatory bodies. Taken together, these legislative recommendations provide tangible steps towards addressing and ending homelessness in Maryland.
- 1) *Reduce non-chronic homelessness by 50% over 3 years* - secure funding for rental assistance for rapid rehousing for 90% of the population and the creation of a state-funded rental subsidy with supportive services for 10% of the population.
 - Note: 2018 budget request was not met; providers maximized funding efficiencies and housed 380 households through rapid re-housing.
 - New rental assistance funding to assist 380 households, including veterans, unaccompanied youth, families, and persons with disabilities.
 - 2) *Reduce chronic homelessness by 20% annually* – secure funding for a state-funded bridge subsidy with supportive services offered in permanent supportive housing.²⁰
 - Rental assistance and services support funding for 547 PSH units.
 - 3) *Secure funding for provider training ensure providers are meeting federal compliance requirements.*
 - Training topics needed – Housing First, low barrier shelter, harm reduction, diversion, reasonable accommodations and ADA accessibility.²¹
 - 4) *Secure funding for providers to offer more respite care programs statewide.*²²
 - 5) *Secure funding to ensure all emergency shelters are ADA compliant.*
 - 6) *Secure funding to expand SSI/SSDI Outreach, Access and Recovery (SOAR) Program to increase the number of SOAR certified staff who assist the homeless qualify for federal benefits.*²³
 - 7) *Expand the Earned Income Tax Credit (EITC).*
 - 8) *Support the Temporary Disability Assistance Program (TDAP)*
 - 9) *Support safe consumption sites, harm reduction policies and increased access to rehabilitative treatment options for those using drugs.*

²⁰ In partnership with local public housing authorities (PHAs), DHCD, MDH, and MDOD have successfully operated such programs for persons with disabilities and used \$2.1M to house approximately 110 persons. The Bridge Subsidy was in place for up to 3 years and the person transitioned to permanent housing assistance at the end of the Bridge term through the PHA.

²¹ Funding will be used to expand training and increase clinical staff so shelters can admit and assist higher-need clients year-round.

²² Respite care programs provide higher-level care for those exiting hospitals, requiring additional medical services as they heal and shelter is not an appropriate discharge plan.

²³ Currently there are approximately 10 SOAR Case Managers that work with the Behavioral Health Administration of the Maryland Department of Health.

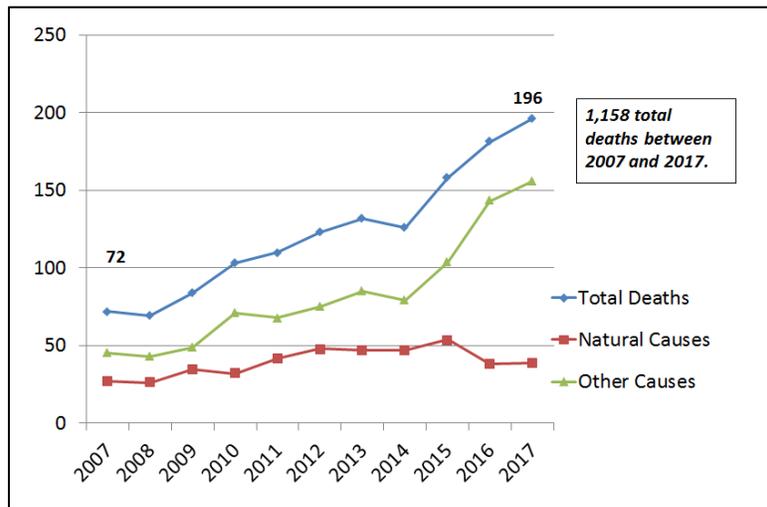
Policy Recommendations (Continued) - Administrative Policy/Process Items:

- 1) *Work with DHCD and MDH to expand housing opportunities for persons experiencing homelessness with significant health and social issues.*
 - Explore integrating housing within larger mixed-use developments.
- 2) *Work with DHCD and other Housing Authorities statewide to increase the use of housing vouchers and rental assistance to subsidize Permanent Supportive Housing (PSH) units statewide for those experiencing homelessness and are earning less than 30% of the area median income (AMI).*
- 3) *Expand Medicaid 1115 Assistance in Community Integration Services (ACIS) waiver pilot statewide to allow more medically-fragile individuals experiencing homelessness to receive the supportive services necessary to obtain and sustain housing – Encourage the use of state funds for the required match necessary to access additional federal funds.*

Deaths of Those Experiencing Homelessness

Studies examining mortality among homeless populations show that violence and injury, including suicide, homicide, and drug poisoning, contribute substantially to mortality and that violent and injury-related death rates are higher among homeless people compared with the general population.²⁴ Standardized data regarding homeless deaths does not currently exist across CoCs in Maryland. However, the Office of the Chief Medical Examiner (OCME) began collecting data in 2007 about individuals found deceased and presumed to be homeless. Data from the OCME for 2017, summarized in the graph below, shows that deaths of the homeless have more than doubled in Maryland between 2007 and 2017, growing from 72 total deaths statewide in 2007, to 196 in 2017. Between 2007 and the end of 2017, there were 1,353 counted deaths of those presumed to be homeless. Of those, 435 died of natural causes, 59% involved drugs and/or alcohol, 25% were attributed to accidents or other injuries, and weather related causes (hypothermia or hyperthermia) account for the remaining 9%.

Graph 1 – Counted Deaths of the Homeless between 2007 and 2017



Source: Data provided by Maryland OCME

When compared to the total number of homeless counted in the 2016 PIT count, the most recent year for which the CDC has published mortality data (calendar year 2016), Maryland’s homeless death rate is 1,945

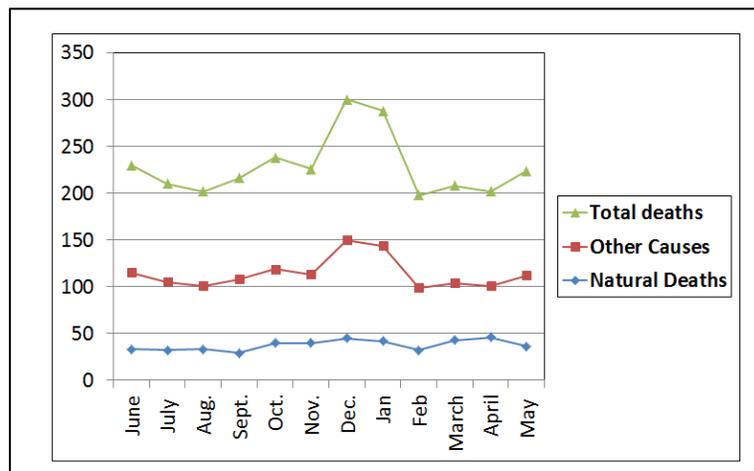
²⁴ Stanley, et al,(2016). <https://www.sciencedirect.com/science/article/pii/S0749379716303117>

per 100,000; which is well over twice the rate for the general population in Maryland during the same year (811). These findings are in-line with research on mortality risk among the nation’s homeless which has shown that, for every age group, homeless persons are three times more likely to die than the general population, and homelessness takes close to 30 years off people’s lives.²⁵ Comparing the 2016 OCME data to the 2016 CDC data on the general population in Maryland, 64% of homeless deaths were linked to drug or alcohol overdose compared to 4% of the general population, and substance abuse was the most commonly reported circumstances related to death. In 2016, over half of reported homeless deaths, 54%, were of undetermined causes, 7% were linked to suicide and 6% to homicide, 1% of deaths are linked to suicide and homicide respectively in the general population.²⁶

More recently, according to the OCME data, comparing 2015 to 2017 data, total deaths of the homeless have increased by 88% (from 104 to 196). Deaths of the homeless due to drug use have increased by 135% since 2015, the largest increase due to Fentanyl overdoses, while deaths from heroin overdose have declined by 21% since 2015. These trends are on par with state statewide overdose death trends of the general population.

The data also show that deaths amongst the homeless spike during the cold weather months, particularly during the months of December and January. Hypothermia can be a single cause of death or a contributing factor that leads to death. Providers working with the homeless acknowledge that use of substances such as drugs and alcohol can increase when the unsheltered are in the elements.

Graph 2 – Deaths of the Homeless per Month (between 2007-2017)



Source: Data provided by Maryland OCME

During the 2017 calendar year, approximately 196 homeless died across the state of Maryland. According to data provided by the Office of Preparedness and Response at MDH, during the 2017/2018 winter season (November-April) there were approximately 16 weather-related deaths across the state.²⁷ The majority of the homeless deaths occurred in Baltimore City, Baltimore County, Montgomery and Prince George’s Counties.

²⁵ O’Connell, Jim, MD (2005), <http://www.nhchc.org/PrematureMortalityFinal.pdf>

²⁶ <https://www.cdc.gov/nchs/pressroom/states/maryland/maryland.htm>

²⁷ <https://preparedness.health.maryland.gov/Documents/Summary%20Cold%20Report%202017-2018.pdf>

Appendices

Appendix 1 - Continuum of Care Jurisdictions and Federal Funding Totals

State and federal funding is awarded to the 16 Continua of Care (CoCs), the local planning entities recognized by HUD for coordination of all homeless services in a particular geographic area. Maryland's 24 jurisdictions are incorporated into 16 Continua of Care (graphic below).



Appendix 2 – FY18 Homeless Services Funding Sources in Maryland (Federal and State)

Continuum of Care (CoC)	Amount Received from HUD in 2016	Amount Received from HUD in 2017	Amount Received from HUD in 2018
Allegany County	\$ 698,974	\$ 650,648 ↓	\$ 661,652 ↑
Anne Arundel County	\$ 2,175,878	\$ 2,303,378 ↑	\$ 2,420,435 ↑
Baltimore City	\$ 20,113,771	\$ 21,106,170 ↑	\$ 21,447,046 ↑
Baltimore County	\$ 2,766,391	\$ 2,766,391	\$ 2,875,569 ↑
Carroll County	\$ 390,079	\$ 390,453 ↑	\$ 406,325 ↑
Cecil County	\$ 244,476	\$ 244,476	\$ 252,206 ↑
Frederick County	\$ 569,765	\$ 568,257 ↓	\$ 598,170 ↑
Garrett County	\$ 255,878	\$ 237,274 ↓	\$ 249,595 ↑
Harford County	\$ 927,130	\$ 920,787 ↓	\$ 944,769 ↑
Howard County	\$ 789,594	\$ 785,410 ↓	\$ 768,634 ↓
Mid-Shore CoC	\$ 723,480	\$ 687,157 ↓	\$ 762,931 ↑
Montgomery County	\$ 8,202,360	\$ 8,288,534 ↑	\$ 8,879,588 ↑
Prince George's County	\$ 4,944,748	\$ 4,903,772 ↓	\$ 5,382,710 ↑
Southern MD CoC	\$ 2,521,547	\$ 2,648,561 ↑	\$ 2,827,653 ↑
Lower Shore CoC	\$ 1,203,629	\$ 1,231,811 ↑	\$ 1,249,597 ↑
Washington County	\$ 500,970	\$ 501,992 ↑	\$ 494,672 ↓
Total HUD Continuum of Care Funding	\$ 47,028,670	\$ 48,235,071	\$ 50,221,552

Appendix 3 - Fiscal Year 2018 Homeless Services Funding Sources In Maryland (Federal and State)

<i>FEDERAL Funding Sources</i>	<i>Purpose</i>	<i>Administering Agency(s)</i>	<i>SERVICES</i>	<i>RENTAL</i>	<i>CAPITAL</i>	<i>Total Amount to MD in 2018</i>
Continuum of Care (CoC) Program	Provides Permanent Supportive Housing (PSH) for people with disabilities, rapid re-housing, transitional housing, supportive services or the Homeless Management Information System (HMIS).	HUD awards the funds directly to 16 state CoC's	X	X	X	\$50.3 Million
CoC Rental Assistance Projects (Funds are a subset of the CoC program above)	A rental subsidy program that functions similarly to Section 8 for clients moving out of shelter into a scattered-site apartment.	HUD awards the grant to MDH		X		\$4.9 Million
Emergency Solution Grants Program (ESG)	Provides operational and rental assistance to homeless shelters, transitional housing, homeless service programs, rapid re-housing (RRH).	HUD awards \$1 mill to DHCD and \$2.9 mill to entitlement counties directly	X	X		\$4.1 Million
Projects for Assistance in Transition from Homelessness (PATH)	A federal grant from Substance Abuse and Mental Health Service Administration to provide service and housing support.	SAMHSA awards the grant to MDH	X	X		\$1.271 Million
SSI/SSDI Outreach, Access and Recovery Technical Assistance (SOAR)	A SAMHSA supported statewide program that increases access to Social Security disability benefits for people with behavioral health issues experiencing or at risk of homelessness.	MDH receives the funds.	X			\$285,977 from PATH grant
MD Collaboration for Homeless Enhancement Services (CHES)	3 year pilot program to assist those experiencing homelessness with a mental illness and/or substance use diagnoses using Evidence Based Practices in Anne Arundel and Carroll Counties	SAMHSA awards the grant to MDH	X			\$8.5 Million over 3 years
Supportive Services for Veteran Families (SSVF)	Funds organizations that assist veteran families living in housing to promote housing stability.	The VA awards funding to local service providers	X			\$6.9 Million
Housing Opportunities for Persons with AIDS (HOPWA)	Provide medium to long-term rental assistance, targeted to the most low-income, vulnerable persons, living with HIV and experiencing housing instability, not all are homeless.	HUD awards funds to MDH	X	X		\$10.4 Million
Veterans Affairs Supportive Housing Program (VASH)	Provides rental subsidy vouchers and case management support to vets.	HUD and the VA provides vouchers to local housing authorities and to DHCD directly	X	X		1,318 vouchers provided statewide
HUD Section 811 Project Rental Assistance	Rental subsidy to those who are exiting institutions, have a mental illness or may be homeless.	HUD awards funds to DHCD. MDH and MDOD administer the program.		X		

****Please note that figures listed are received during the state fiscal year (July 1, 2017- June 30th, 2018) and the federal fiscal year (October 1, 2016-September 30, 2017)**

STATE Funding Sources	Purpose	Administering Agency	PREVENTION	OPERATIONS	MOVE OUT/ RENTAL ASSISTANCE/ MAINTAIN	CAPITAL	OTHER	Total Amount to MD SFY18
Rental Allowance Program (RAP)	Grant to local governments for rent subsidies to homeless families.	DHCD	X		X			\$1.7 Million
State Emergency Solution Grants Program (ESG-MD)	A state match fund to the federal ESG program, to cover shelter operations, services, move out, and rapid re-housing funds.	DHCD	X	X	X			\$2 Million
Shelter & Transitional Housing Facilities Grant Program (STHGP)	Provides capital financing to nonprofit organizations and local governments for new construction, acquisition, and rehabilitation of existing housing.	DHCD				X		\$3 Million
Youth REACH Count	A count of unaccompanied homeless youth in eleven jurisdictions.	DHCD					X	\$200,000
Families First Program	A program to assist veteran families in Prince George County.	DHCD			X		X	\$150,000
Emergency & Transitional Housing and Services Program (ETHS)	Funding to all 24 LAAs operations, move out and eviction prevention.	DHCD	X	X	X			\$2.7 Million
Homeless Women – Crisis Shelter Home Program (HW-CS)	Provides funding to 13 LAAs for operations of family or DV shelters.	DHCD		X	X			\$1.1 Million
Housing Counselor Program (HCP)	This grant pays for 5 staff positions to assist people move out of emergency shelter.	DHCD			X			\$258,000
Service-Linked Housing Program (SLH)	This grant pays for 13 staff positions to assist previously homeless families maintain permanent housing.	DHCD			X			\$549,000
Homelessness Prevention Program (HPP)	Provides funding to all 24 LAAs for eviction prevention, mediation to maintain housing.	DHS	X					\$657,000
Housing First Pilot Program	State funded pilot to pay for those exiting state facilities with a mental illness, move into supportive housing.	MDH			X			\$1.37 Million
Homeless ID Program	A statewide program that provides free birth certificates and identification for the homeless.	MDH					X	\$500,000

Appendix 4 –Low Barrier Shelter Checklist

A.	Eligibility and continued stay criteria <u>should</u> include the following:	Does the program require these things? Yes/No
1.	Homeless (according to the HUD definition)	
2.	Age 18 or older	
3.	Ambulatory and not requiring hospital or nursing home care	
4.	Agree to be non-violent	
5.	Agree not to use or sell drugs or illegal substances on the premise	
6.	Agree to treat others clients, staff and the property with respect	
7.	Agree to obey fire and other safety regulations	
8.	Return to program by curfew time	
9.	Bed is reserved nightly for client (as long as the above criteria is met)	
B.	Criteria that <u>should not</u> be included as a condition of eligibility or continued stay.	Does the program require these things? Yes/No
1.	Sobriety and/or commitment to be drug free	
2.	Requirements to take medication if the client has a mental illness	
3.	Required participation in religious services	
4.	Participation in drug treatment services (including NA/AA)	
5.	Proof of citizenship or residence in the jurisdiction	
6.	Identification	
7.	Require a referral from the policy, hospital, or other service provider	
8.	Payment or ability to pay (though savings plans are encouraged)	

Homeless Services Framework

Maryland’s Interagency Council on Homelessness (ICH)

The Interagency Council on Homelessness (ICH) was established by SB 796 (2014) to examine statewide initiatives aimed at ending homelessness throughout the state of Maryland. The ICH repeals the Governor’s Advisory Board on Homelessness and includes representatives from 13 state agencies including the Governor’s Office for Children Youth and Families, three representatives from local Continua of Care (the sixteen federally-recognized bodies created to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency) and nine advocates and providers from throughout the state as well as a community member who has experienced homelessness.

FRAMEWORK VISION: As a result of aligned resources, policy and practice statewide, those experiencing homelessness and those at risk of becoming homeless in Maryland, will have access to services, emergency shelter and long-term housing options to assist them in attaining self-sufficiency and prevent a return to homelessness.

Updated November 2018

Please Note: The timeframes outlined in this document are based on the calendar year.

GOAL 1 -- Increase the number of permanent supportive housing options available statewide to those experiencing homelessness.

The “Housing First” philosophy of Permanent Supportive Housing (PSH) and Rapid Re-housing (RRH) has demonstrated both cost and outcome effectiveness, and has become the principal public health paradigm to address homelessness in communities across the country. Member agencies of Maryland’s Interagency Council on Homelessness (ICH) will facilitate increased and improved interagency partnerships to effectively leverage limited federal, state, and local resources for development of more PSH and RRH options statewide.

	OBJECTIVE	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
A	Increase the production of housing available to those making 30% AMI or below.	<ul style="list-style-type: none"> ▪ DHCD will work to increase the use of Low Income Housing Tax Credits (LIHTC) to create units affordable to the homeless earning less than 30% Area Median Income (AMI). ▪ Encourage other Public Housing Authorities (PHAs) statewide to contribute to the need for additional vouchers and units affordable to the homeless earning less than 30% AMI. 	<p>DHCD</p> <p>DHCD, other PHA’s and CoCs.</p>	<ul style="list-style-type: none"> ▪ 1st Quarter of 2019 ▪ Throughout 2019
B	Prioritize existing PSH resources for those with the highest need.	<ul style="list-style-type: none"> ▪ Work with Continuum of Care (CoC) partners to assess if those living in HUD funded PSH require the high level of supportive service. ▪ Work with PHA’s to secure vouchers for those that can move out of HUD funded PSH and can live independently. 	<p>DHCD, CoCs and Service Providers</p> <p>DHCD and PHA’s statewide.</p>	<ul style="list-style-type: none"> ▪ 1st and 2nd Quarter of 2019
C	Identify other housing stock that can be made available to those experiencing homeless.	<ul style="list-style-type: none"> ▪ Assess the availability of transitional housing stock statewide and identify resources to convert units into shelter or permanent housing. ▪ Work with private owners of subsidized housing to increase vacancy rates. 	<p>DHCD, developers of affordable housing and CoCs</p> <p>DHCD and private property owners</p>	<ul style="list-style-type: none"> ▪ Throughout 2019 ▪ Throughout 2019
C	Establish Housing First guidelines for housing providers.	<ul style="list-style-type: none"> ▪ Draft Housing First guidelines for homeless service programs to review, adopt and execute. 	<p>CoCs and funding agencies.</p>	<ul style="list-style-type: none"> ▪ Draft to be completed in 2019

Accomplishments to Date:

- ✓ DHCD successfully consolidated six different homeless service grants into the Homelessness Solutions Program (HSP), \$9.3 million in available funds, a streamlined application and funding process, and updated state regulations.
- ✓ DHCD held statewide learning collaborative focused on increasing the use of Rapid Re-housing funding and doubled the funding allocation through the Homelessness Solutions Program (HSP).
- ✓ DHCD has begun engagement with affordable housing developers to encourage more PSH development.
- ✓ Track the annual production of units under the Weinberg, Bridge, 811 and STHFG programs in the ICH Annual Report on Homelessness.
- ✓ Annually project the number of units and costs associated with providing housing solutions and supportive services to veterans, unaccompanied homeless youth and chronically homeless statewide.
- ✓ Annually collect the number of units subsidized through the Weinberg, Bridge, 811 and Shelter and Transitional Housing Facilities Grant (STHFG) programs (DHCD) and include in an annual briefing to members of the Joint Legislative Committee and track outcomes in the ICH Annual Report on Homelessness.

GOAL 2 -- Improve access to and quality of emergency shelter options available statewide to those experiencing homelessness.

Emergency shelter is a short-term public health necessity while we continue to strive for long-term sustainable solutions for those experiencing homelessness. Maryland’s ICH will support CoCs efforts to meet federal coordinated entry requirements for shelters, identify and promote best practices and models for providing low-barrier emergency shelter and shelter diversion in a client-centered and trauma-informed manner. The ICH will also work to improve equal access to emergency shelter to protected classes and vulnerable individuals and families.

	OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
A	Increase access to low-barrier emergency shelter statewide.	<ul style="list-style-type: none"> ▪ Require the adoption of low-barrier shelter and Housing First principals to qualify for state and federal grant funding. ▪ Establish low-barrier emergency shelter standards of care for CoCs statewide. ▪ Identify the funding requirements necessary to meet the recommendations in the Needs Assessment (mentioned on page 19). 	DHCD and ICH	<ul style="list-style-type: none"> ▪ COMPLETED ▪ Before end of FY19
B	CoCs will meet HUD’s Coordinated Entry requirements by 1/23/18.	<ul style="list-style-type: none"> ▪ CoCs will apply for HUD technical assistance for Coordinated Entry. ▪ Work with CoCs to expand coordinated entry for emergency shelter i as well as permanent housing. 	DHCD and CoC	<ul style="list-style-type: none"> ▪ COMPLETED ▪ Ongoing throughout FY19
C	Make inclement weather sheltering practices more consistent statewide.	<ul style="list-style-type: none"> ▪ Create detailed guidelines and expectations for inclement weather sheltering for all CoCs. 	ICH, CoC leads, local Emergency Managers	<ul style="list-style-type: none"> ▪ COMPLETED

Accomplishments to Date:

- ✓ Completed initial assessment of which CoCs are offering lower barrier shelter options.
- ✓ Worked with MDH to publicize weekly, weather-related deaths of the homeless during summer and winter months.
- ✓ Work with CoC leads and Emergency Management leads within counties to encourage dual-planning efforts for cold weather shelter.
- ✓ Provide general guidelines to CoCs for inclement weather sheltering.
- ✓ Completed needs assessment focused on resource gaps that prevent CoCs from offering low-barrier shelter.
- ✓ Assess local progress made towards achieving Coordinated Access statewide.
- ✓ Establish a Coordinated Entry work group of CoCs to meet federal requirements by January 23, 2018.
- ✓ Establish a repository for all Coordinated Entry resources and a CoC listserve for information sharing.

GOAL 3 -- Improve the emergency services network serving the homeless in order to prevent a return to hospitals or jails.

Maryland’s ICH is committed to ensuring no one is discharged into homelessness from hospital care, emergency rooms, nursing homes, mental health clinics, state hospital facilities, or correctional institutions. The Council will promote the training and relationships necessary to assure consistent and effective discharge planning for health and housing needs. The Council will work with health and service providers to increase respite/convalescent care throughout the state for people experiencing homelessness.

	OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
A	Assess how the homeless are accessing emergency care and how to better coordinate with hospitals.	<ul style="list-style-type: none"> ▪ Work with hospitals and propose questions to add to the intake process to better assess homeless status upon intake. ▪ Consider specific discharge goals and/or adopt a mandate that health care providers will discharge people safely back to their communities and not back to the street. 	ICH Health and Homelessness work group, Medical Respite Care Centers, emergency shelters, CoC leads, Hospital Systems	<ul style="list-style-type: none"> ▪ November 2019
B	Increase access to proper respite or convalescent care for the homeless statewide.	<ul style="list-style-type: none"> ▪ Provide support to increase hospitals that determine homeless status upon intake aimed at decreasing the number of people being discharged back to the streets from hospitals. ▪ Consider organizing statewide meetings to increase the number and visibility of medical respite care. ▪ Gather information from existing respite programs and compile a toolkit targeted to interested partners. 	ICH Health and Homelessness work group, Medical Respite Care Centers and emergency shelters, CoC leads CoCs, Hospital leadership, MDH (Medicaid)	<ul style="list-style-type: none"> ▪ November 2019
C	Assess exit-planning strategies used by jails and other institutions to determine service and housing gaps.	<ul style="list-style-type: none"> ▪ Work with the Department of Public Safety & Correctional Services (DPSCS) to assess the housing and service gaps for people exiting incarceration and provide information on housing services to DPSCS staff. ▪ Assess the availability of permanent subsidy programs (e.g., Baltimore City Re-Entry Vouchers) and whether they are targeted to meet the needs of people most likely to experience chronic homelessness. ▪ Explore opportunities for piloting RRH with employment development programs for people in the 90+ day population who would otherwise become homeless at exit. ▪ Track the number of persons discharged to street/shelter homelessness from DPSCS. 	ICH Health and Homelessness work group, Medical Respite Care Centers, emergency shelters, CoC leads, DPSCS, Emergency Shelters	<ul style="list-style-type: none"> ▪ November 2019 ▪ 1st quarter, 2020

Accomplishments to Date:

- ✓ Created a needs assessment tool, the Medical Respite Assessment in Maryland (MRAM), administered in 18 of 24 counties to determine what respite services each jurisdiction offers and where additional respite beds are needed.
- ✓ Developed the Re-entry and Exit Planning (REEP) tool to assess how incarcerated individuals are released and disseminated in the jails in 17 of 24 jurisdictions in the State.

GOALS 4 – Ensure veterans experiencing homelessness have sustainable housing options and access to necessary supportive services where they live, to prevent a return to homelessness.

Maryland’s ICH continues to coordinate local efforts that address the housing and service needs of this vulnerable population in line with the strategies and best practices outlined in the federal plan.

	OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
A	Improve access to housing for Homeless veterans.	<ul style="list-style-type: none"> ▪ Coordinate all information held by each CoC and all three VA medical centers to establish a statewide by-name list. ▪ Recommend the continuation and expansion of existing housing options, HUD VASH, and SSVF. 	DHCD, MD VA, CoCs, USVA (VISN 5 Homeless Services),	<ul style="list-style-type: none"> ▪ Ongoing
B	Improve and make more consistent, the resources available to homeless Vets.	<ul style="list-style-type: none"> ▪ Work with the Maryland Community Services Locator (MCSL) to enhance the online directory of housing resources for homeless veterans. 	Veterans Work Group members	<ul style="list-style-type: none"> ▪ COMPLETED

Accomplishments Thus Far:

- ✓ Increase information sharing between Homeless Service Providers and the VA to better identify veteran-specific housing and support services.
- ✓ Designated a specific Disabled Veterans Outreach Program (DVOP) Specialist, within the Department of Public Safety and Correctional Services (DPSCS), correctional institutions to assist incarcerated veterans prior to release with job placement assistance.
- ✓ Complete a statewide survey to assess how the CoC’s respond to the needs of homeless veterans and recommend improvements to service delivery.
- ✓ Created a resource guide for homeless veterans to support the work of CoCs.
- ✓ DHCD, DHS, and the Veterans work group have worked with the VA to assess the number of veterans by CoC, determine which CoCs have a by-name list.
- ✓ Facilitated a statewide veteran homeless services work day, shared best practices for connecting veterans to VA homeless services, identified gaps in services, and developed local action plans for reducing veteran homelessness across Maryland.
- ✓ Developed and recommended to the ICH a standard model for coordinating housing for homeless veterans.
- ✓ Collaboration established between Career One-Stop Center DVOP and emergency and transitional housing programs.

GOAL 5 – Ensure homeless youth 16-24 years of age have access to quality housing, education and employment options statewide.

Housing instability and homelessness are on the rise among youth and young adults between the ages of 16-24. Youth with histories of foster care and juvenile services involvement are disproportionately represented, as are youth identifying as LGBT (lesbian, gay, bisexual, and transgender) and youth of color. Specialized strategies and interventions are necessary to prevent and end homelessness for this high risk group. To aid State and local efforts to address youth homelessness, Maryland’s ICH will support the Youth REACH program, facilitate interagency collaboration, develop sound and effective policy recommendations, and provide technical assistance to ensure that existing and new programs and initiatives adequately address the unique needs of this diverse population.

	OBJECTIVE	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
A	Address service needs of youth and young adults experiencing or at risk of homelessness.	<ul style="list-style-type: none"> ▪ Provide status updates on recommendations from the 2013 Unaccompanied Homeless Youth (UHY) Task Force report regarding Supportive Services and outline next steps. ▪ Assist state agencies and community stakeholders in developing funding ideas and proposals to enhance existing strategies and/or develop new programs. 	ICH, State agencies, local stakeholders, community service providers.	<ul style="list-style-type: none"> ▪ 1st quarter of 2019 ▪ Ongoing
B	Increase housing options for youth and young adults experiencing or at risk of homelessness.	<ul style="list-style-type: none"> ▪ Assess current availability of safe, affordable housing for unstably housed and homeless youth and young adults. ▪ Write a status update on recommendations from the 2013 UHY Task Force report regarding housing options and outline next steps. 	ICH, State agencies, Housing First Workgroup, local stakeholders, community service providers	<ul style="list-style-type: none"> ▪ Ongoing ▪ 1st quarter of 2019
C	Increase participation by youth in policy process and elevate the issue to statewide stakeholders.	<ul style="list-style-type: none"> ▪ Recruit persons with personal experience of homelessness and/or other specific knowledge and experience related to youth and young adult homelessness to serve on ICH Youth and Young Adult Homelessness Work Group ▪ Educate the ICH about specific issues related to youth homelessness or subpopulations of homeless youth with significant vulnerability and/or unique needs 	ICH, local stakeholders, community service providers	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing
D	Eliminate education barriers for youth experiencing homelessness.	<ul style="list-style-type: none"> ▪ Support MSDE in the development and implementation of the McKinney-Vento State plan. ▪ Support local partners as they work to meet the terms of the state plan and assess gaps in education and transportation services. 	ICH, State agencies, local stakeholders, community service providers	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing

Accomplishments Thus Far:

- ✓ Governor signed the Ending Youth Homelessness Act passed during the 2018 legislative session.
- ✓ DHCD expanded the Youth REACH count to 20 jurisdictions in spring of 2018.
- ✓ Conducted survey of Continua of Care, service providers, and youth with lived experience regarding services for youth, barriers to access, and experiences utilizing services.

GOAL 6 - Reduce or eliminate workforce barriers, increase training opportunities, sustainable employment options and earning potential to ensure those experiencing homelessness can become self-sufficient. (This workgroup will begin meeting in 2019).

	OBJECTIVE	STRATEGIES
A	Form a taskforce comprised of workforce system stakeholders	<ul style="list-style-type: none"> ▪ Identify and recruit taskforce members from stakeholder groups (employers, training providers, and American Job Center Staff) in Maryland providing employment/training services to individuals experiencing homelessness. ▪ Convene the taskforce and finalize a charter for the group’s work, including mission, goals, roles and structure. ▪ Set up a meeting schedule for the first year.
B	Use data to understand the demographics, goals, and needs of homeless job seekers.	<ul style="list-style-type: none"> ▪ Link with the Data and Dashboard Committee, working under the Benchmarks of Success for Maryland’s Workforce System initiative, to inventory the specific data points related to homeless job seekers, including homeless youth, collected by state agencies. ▪ Research other resources produced at the state and local level focused on the homeless jobseeker population, including homeless youth, (e.g., The Journey Home’s Journey to Jobs report; the Opportunity Collaborative’s Barriers to Employment in the Baltimore Region, etc.). ▪ Create a statewide “heat map” that graphically displays pockets of poverty where outreach to homeless job seekers can be focused to promote uptake of services.
C	Build an inventory of current workforce system initiatives and programming focused on serving homeless jobseekers.	<ul style="list-style-type: none"> ▪ Review Maryland’s Workforce Innovation and Opportunity Act (WIOA) State Plan to identify current workforce programs of all core state WIOA partners (e.g., DLLR’s EARN program, employment services for Disabled Veterans, etc.), that target jobseeker populations with significant barriers, including homeless youth. ▪ Analyze the twelve local area workforce plans to identify initiatives in place at the local level to serve homeless jobseekers (e.g, mobile job units, job fairs, etc.). ▪ Identify other best practices across the nation for providing workforce system services to those experiencing homelessness nationwide.
D	Create two “Guide to Opportunity” publications for workforce system staff and homeless jobseeker populations.	<ul style="list-style-type: none"> ▪ Map programs and resources identified in the inventory (completed for Objective B) to local areas. ▪ Map support services for homeless jobseekers, including homeless youth, to resources located in local workforce areas, with a particular emphasis on services related to expungement/legal aid, mental health, addiction, domestic violence, and trauma response. ▪ Use data on in-demand occupations listed in Maryland’s Workforce Plan to guide potential job trainings/employment options for those experiencing homelessness ▪ Identify in-demand occupations (and trainings) that individuals experiencing homelessness can realistically pursue.
E	Build awareness of and advocate for the homeless job seeker population.	<ul style="list-style-type: none"> ▪ Present to both the Governor’s Workforce Development Board and local workforce development boards on Maryland’s homeless jobseeker populations. ▪ Ensure annual updates on the work of the taskforce are provided to the state’s WIOA Alignment Group.
F	Build systems collaborations between workforce system partners.	<ul style="list-style-type: none"> ▪ Identify opportunities for cross-training of workforce and homeless service providers to ensure shared competencies necessary to serve homes jobseekers, including access to specialized vocational services. ▪ Develop a customizable, generic staff role description for a specialist to serve in a dedicated position at the local level as a liaison/concierge that assists homeless jobseekers in navigating the workforce system to access the full menu of system services they need to prepare for, find, and advance in sustainable jobs. ▪ Advocate for federal, state and local funding to support initiatives that serve homeless populations, (e.g., cover the cost of dedicated staff serving in the liaison/concierge role noted above).